

Case Report: Squamous Cell Carcinoma in a Nonhealing Diabetic Foot Ulcer

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INTRODUCTION:

Diabetic foot ulcers, commonly known as DFUs, are the most dangerous and burdensome complications of diabetes¹. Patients with diabetes have a 15% to 25% lifetime chance of getting a DFU². Patients with diabetes have a 10 to 30 fold increased lifetime risk of lower limb amputation compared to those without the condition². Prolonged wound can lead to several problems, including infections, gangrene, squamous cell carcinoma (SCC) development, and amputation in extreme circumstances¹. In this article, the author describes a case of SCC that resulted in a persistent DFU that did not heal.

REPORT:

A 76 years old female with a 20 years history of type 2 diabetes who was receiving routine diabetic care, developed a DFU of her left foot of 5 years duration. During the 20 years history, her diabetes was controlled with oral medication. At first, an ulcer developed in lateral left forefoot without any sign of infection and she was put on observation without any surgical intervention for 3 years.

After 3 years without any improvement, the wound became infected and she ended up undergone multiple debridement procedures, also having her left third to fifth toes amputated to due to gangrene. Once the infection settled, she was put on daily dressing and noted after 2 years, that there were a prominent overgrowth granulation tissues over the forefoot. A wound biopsy was done and resulted as a well differentiated SCC. MRI of left foot showed that the tumor has extended to the midfoot. Thus, left below knee amputation was done and second biopsy was performed over the amputation site and negative for malignancy, it was an in-situ carcinoma. About a month postoperatively, the wound healed without event



Figure 1: Wound picture of left foot (from above)



Figure 2: Wound picture of left foot (from lateral)

and at every 3 months the patient was followed-up for any reulceration or recurrence in regular intervals.

CONCLUSION:

When there are risk factors present in chronic, nonhealing DFUs, the diagnosis should be explored and ruled out. Wound biopsy is necessary in order to diagnose this disorder.

REFERENCES:

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